

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date:: 03/30/04

Application Type:: Utility

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title Line One:: Selectively Delivering Advertisements Based At  
Least In Part On Trademark Issues

Title Line Two::

Attorney Docket Number:: 64557.000019 (GP-227-00-US)

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: No

Petition Included?::

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?:: No

**Applicant Information**

Applicant One Authority Type:: Inventor  
Primary Citizenship:: India  
Country:: India  
Status:: Full Capacity

Applicant One Given Name:: Prashant  
Middle Name::  
Family Name:: Fuloria  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address Line One:: 801 Churst Street #1115  
Street of Mailing Address Line Two::  
City of Mailing Address:: Mountain View  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code:: 94041

Applicant Two Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Applicant Two Given Name:: Rose  
Middle Name::  
Family Name:: Hagan  
Name Suffix::  
City of Residence:: Berkeley

State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address Line One:: 484 Gravatt Drive  
Street of Mailing Address Line Two::  
City of Mailing Address:: Berkeley  
State or Province of Mailing Address:: CA  
Country of Mailing Address : US  
Postal or Zip Code:: 94705

Applicant Three Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Applicant Three Given Name:: Salar  
Middle Name:: Arta  
Family Name:: Kamangar  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address Line One:: 220 Palo Alto Avenue  
Street of Mailing Address Line Two:: #104  
City of Mailing Address:: Palo Alto  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code:: 94301

**Correspondence Information**

Correspondence Customer No.: 21967

Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address:

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

**Representative Information**

Representative Customer Number: 21967

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country:	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::